


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 033 ****61.25

DOCUMENT # N02000001913 1. Entity Name FIFTEEN HUNDRED PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1508 DICKMAN CIRCLE SUN CITY CENTER, FL 33573-5328			Mailing Address 1508 DICKMAN CIRCLE SUN CITY CENTER, FL 33573-5328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0474823	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINES, JAMES P JR. 315 S HYDE PARK AVE TAMPA, FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST		TITLE	DP	
NAME	RIGGS, DIANE <input type="checkbox"/> Delete		NAME	AVISE, RICHARD R <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1509 DICKMAN CIR		STREET ADDRESS	1508 DICKMAN CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER, FL 335735328		CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIEDERICH, GENE		NAME		
STREET ADDRESS	1508 DICKMAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 335735328		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard R. Avise</i> President 21 Feb 2006 813-633-8017 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<i>Richard R. Avise</i>					